# Child well-being in comparative perspective

Jonathan Bradshaw

*In previous comparative research on child well-being, most attention has been paid to how well-being varies. This paper draws on international comparisons of child well-being to explore a number of hypotheses as to why it might vary. In particular, it seeks to explore why subjective well-being among children might vary between countries. It argues that subjective well-being – what children say about their lives – should be taken seriously and we should be concerned that what they say varies so much. The conclusion is that even though we cannot explain these variations, we can ensure that every effort is made to enhance well-being in schools, in the home, and more directly, by social and emotional education*

**KEYWORDS**: child well-being, subjective well-being

This paper is based on a keynote address to ACWA08 conference, *Strong, safe & sustainable: Responding to children, young people and families in a civil society*, in Sydney, August 2008.

***Jonathan Bradshaw**, CBE, is Professor of Social Policy at the University of York, UK. His main research interests are in poverty and living standards, comparative social policy and social security policy. His recent research has focussed on international comparisons of child well-being.*
*Email: jrbl@york.ac.uk*

This article attempts to address a difficult question: why does the well-being of children vary between countries and, in particular, why does the subjective well-being of children vary? The research of the author and colleagues over the last few years has looked largely at the 'how' question; how does child well-being vary over time at national level (Bradshaw & Mayhew 2005) and how does child well-being vary between countries (Bradshaw, Hoelscher & Richardson 2007a, 2007b; Richardson, Hoelscher & Bradshaw 2008)?

One motive for attempting the 'why' question, rather than the 'how' question, is that, as we shall see, there is a lack of comparable data on Australia, not least because Australia is not included in a study – the WHO Health Behaviour of School Children Survey – which is an important source of indicators. It therefore seemed better for an Australian audience to tackle the more difficult question, 'why?'.

In the recent past, comparative research on children by the major institutions (UNICEF, OECD and the EU) has tended to use child income poverty as a proxy for well-being. Countries are said to be doing well if they have low proportions of their children living below a relative poverty threshold (60 per cent of the median in the EU and 50 per cent of the median in the OECD). Admittedly UNICEF, in the splendid *Innocenti Report Card* series, has covered other topics, but Report Cards 1 and 6 were devoted to comparisons of income poverty.

As a result of participating in these endeavours (Bradshaw & Richardson 2008), it became clear that relative income poverty measures were not good enough because:

- there are technical difficulties in measuring income
- the poverty thresholds we use are arbitrary
- relative thresholds are in fact very different levels in different countries, and
- the equivalence scales we used to adjust income to needs are arbitrary.

Our research first argued that relative income measures should be used in combination with deprivation indicators and subjective poverty measure (Bradshaw & Finch 2003; Heikkila et al. 2006), but then we decided to try a completely different approach and create a well-being index.

## CONCEPTUALISATION, METHODS AND RESULTS OF THE INDEX OF CHILD WELL-BEING

This was initially motivated by the reluctance of the EU to recognise children in the Lisbon strategy for social inclusion. It was also influenced by previous work on child indicators that understood children's well-being as multidimensional – their well-being depended on how they fared in a number of separate domains (Ben-Arieh et al. 2001). The rationale was also informed by the UN Charter on the Rights of the Child which encouraged us to take a number of ideological positions:

- the child should be the unit of analysis
- child well-being (now) was at least as important as child well-becoming (how the child might turn out as an adult)
- the voices of children should be heard and treated with respect.

There is no space here for a detailed description of the methods used to create this index. Readers are referred to the methodological working paper which is on the UNICEF website (Bradshaw et al. 2007b). The indicators were derived from two main sources – sample surveys (particularly the Health Behaviour of School Children and the OECD PISA surveys) and administrative series produced by international organisations such as the World Health Organisation, the World Bank and OECD. The 40 indicators from these sources were organised into 18 components and the components organised into six domains – covering material well-being, health and safety, educational well-being, family and peer relationships, behaviours and risks, and subjective well-being. Indicators and components were summarised by taking the average of z scores using equal weights.

In Table 1 the results of the UNICEF index of OECD countries are presented with the ranking of countries highlighted – the top third, the middle third and the bottom third. The overall score is distributed around a mean of 100. Australia comes 10th on the domains for which there is data. No country is in the top third of the distribution on all domains. Only Germany is consistently middling. The UK is very nearly consistently in the bottom third on all domains (indeed it is only rescued from that distinction by its very low accidental death rate). What is the explanation for these results?

**Table 1: Child well-being in OECD countries, overall and by domain**

| | | | Domain | | | | | |
|---|---|---|---|---|---|---|---|---|
| Rank | Country | Overall | material | health | education | relationships | behaviour | subjective |
| 1 | Netherlands | 116.95 | 10 | 3 | 6 | 3 | 3 | 1 |
| 2 | Sweden | 116.87 | 1 | 1 | 5 | 1 | 15 | 7 |
| 3 | Iceland | 112.57 | | 2 | 13 | | | |
| 4 | Finland | 109.75 | 3 | 4 | 4 | 6 | 17 | 11 |
| 5 | Denmark | 107.97 | 4 | 5 | 9 | 12 | 9 | 12 |
| 6 | Norway | 107.97 | 2 | 9 | 10 | 13 | 10 | 8 |
| 7 | Spain | 106.34 | 12 | 6 | 19 | 5 | 8 | 2 |
| 8 | Switzerland | 106.13 | 5 | 10 | 16 | 10 | 4 | 6 |
| 9 | Belgium | 102.59 | 7 | 14 | 1 | 19 | 5 | 16 |
| 10 | Australia | 102.52 | 13 | 15 | 7 | | | |
| 11 | Ireland | 102.25 | 22 | 22 | 8 | 4 | 7 | 5 |
| 12 | Italy | 101.27 | 15 | 7 | 23 | 9 | 1 | 10 |
| 13 | Germany | 101.2 | 14 | 12 | 11 | 11 | 13 | 9 |
| 14 | Greece | 99.22 | 17 | 21 | 20 | 7 | 11 | 3 |
| 15 | Canada | 98.55 | 6 | 17 | 2 | 17 | 18 | 15 |
| 16 | France | 97.27 | 9 | 8 | 18 | 14 | 12 | 18 |
| 17 | Poland | 96.65 | 24 | 19 | 3 | 2 | 14 | 19 |
| 18 | Czech Republic | 96.6 | 11 | 11 | 12 | 8 | 19 | 17 |
| 19 | Japan | 95.24 | 18 | 13 | | | | |
| 20 | Austria | 94.55 | 8 | 15 | 22 | 15 | 16 | 4 |
| 21 | Portugal | 94.25 | 19 | 18 | 24 | 16 | 2 | 14 |
| 22 | Hungary | 90.90 | 23 | 20 | 15 | 18 | 6 | 13 |
| 23 | New Zealand | 85.88 | 16 | 24 | 17 | | | |
| 24 | United States | 79.32 | 20 | 25 | 14 | 20 | 20 | |
| 25 | United Kingdom | 77.18 | 21 | 16 | 21 | 21 | 21 | 20 |

Source: UNICEF 2007

### Some explanations

When, in February 2007, UNICEF published this report, there was uproar in the British media. The question everyone asked was – why? Why were we doing so badly, so much worse than less rich countries, so consistently badly across the domains?

The UNICEF report, and the background publications to it, had not attempted an answer to the 'why' question. However, faced with the question on the day of the launch, it was necessary to come up with answers, and the kind of answers produced was along the following lines.

It is important to note that the answer to the 'why' question probably varies from domain to domain. The reasons why the UK does badly on material well-being, for example, are probably different from the reasons it does badly on child health or education. Each domain needs to be considered separately. However, if a

general explanation for the UK performance overall is sought, the following points may be relevant:

- The neglect of children in the 1980s and 1990s, the result of the Thatcher and Major Conservative project to reduce public expenditure and taxation. There was a failure to invest in child health, education, childcare, housing, transport, leisure and many of the services that have an impact on child well-being. Despite the Labour Government's efforts to reverse this damage, they did not start until 1999 and it will take time.
- Child poverty rates are coming down slowly, but the British Government missed its target, to have reduced child poverty by a quarter by 2004/5. In the last two years for which we have data, child poverty increased slightly and the rate is still about double the level it was in 1979. It is most unlikely that the government will meet the 10 year target to halve child poverty by 2010.
- The UK is one of the most unequal societies in the industrial world and there has been no reduction in this inequality since Labour came to power in 1997. Inequality has its own diseases.
- The effort so far has just not been enough, and if the well-being of children is to be improved, it needs to be redoubled.

Needless to say these structuralist (and partisan) comments did not convince everyone.

The Government blamed the data – it was out of date, things had got better, were getting better, and more up-to-date data would show it. They were right in parts, but wrong in essence.

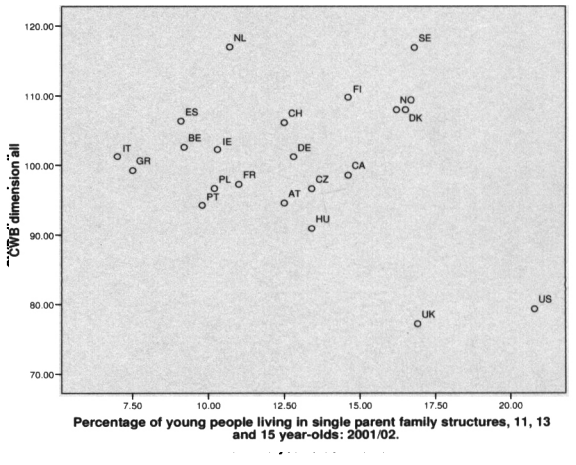
The right wing press blamed agency – parents and teachers for not controlling children better, and children for not behaving better. Other commentators also blamed parents, but because they had to work long hours and mothers could not stay at home to care. Others blamed capitalism for commercialising childhood. The *Daily Mail* blamed family breakdown. The Murdoch *Times* in a leader thundered against the designer/editor of the UNICEF report (Peter Adamson), whom they identified as an old campaigner against formula milk!

Seeing us placed next to the US and New Zealand, some blamed culture – the Anglophone culture of liberalism and individualism, though that failed to explain the position of Australia, Canada and Ireland. Indeed the common welfare regime types do not really work for these results. Certainly the social democratic countries do well. Is it their big welfare states? Not in the case of the Netherlands which is not generous to children. The southern European countries do well – is it their family solidarity and obvious affection for children? The former communist states do not do well. There is in all this, no doubt, some evidence of an affinity with Esping Anderson's welfare regimes but it is not adequate to explain it all.

So what does explain the results? Some assertions that were made that were clearly wrong need to be dealt with at the outset.

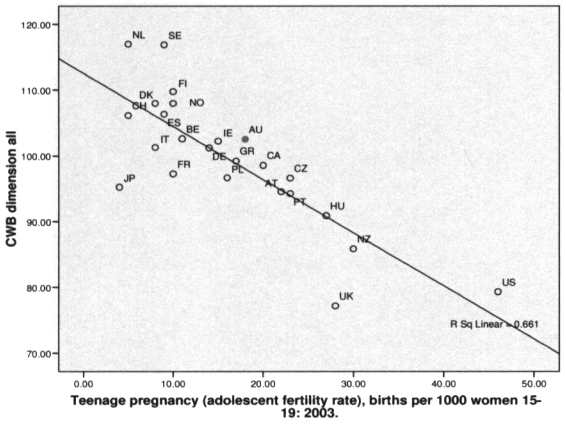
The *Daily Mail* assertion that it is all down to family breakdown is wrong. Figure 1 shows that, if anything, those countries with higher proportions of lone parent families have higher child well-being. The exceptions are the UK and the US. This suggests that family form is not the driver of child well-being. It is how family form is dealt with in different countries that matters. That is also the general conclusion at the micro level (at least in the UK) – children are not permanently damaged by the breakdown of their parents' relationship. They are robust and recover and do well with one parent, if s/he is not poor. Indeed the most problematic time is the conflict in marriage/cohabitation.

**Figure 1: Child well-being overall (vertical axis) by the proportion of young people in lone parent families (Horizontal axis - HBSC data)**



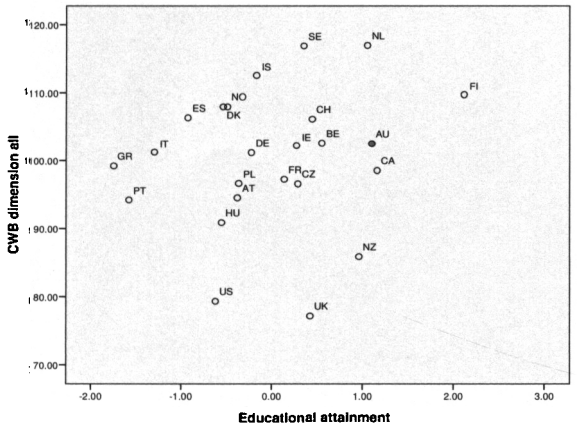

There is one reservation to that conclusion. We found that the most powerful single association with overall well-being in OECD countries was teenage fertility (Figure 2). The strength of the association is extraordinary. Teenage fertility is an iconic variable that picks up two-thirds of the variation in overall well-being. Of course fertility does not cause well-being, but those countries that protect their young children against early child birth, are also the countries where children have the highest well-being. In those countries that have low child well-being, young women have babies. The UK has a strategy to reduce teenage pregnancy (which is missing its targets) and, perhaps, the lesson is that a low teenage fertility rate cannot be achieved unless there is general investment in children. There is a very good UNICEF Report Card on this issue (UNICEF 2001).

**Figure 2: Child well-being overall (vertical axis) and teenage fertility (horizontal axis – World Development Index data)**



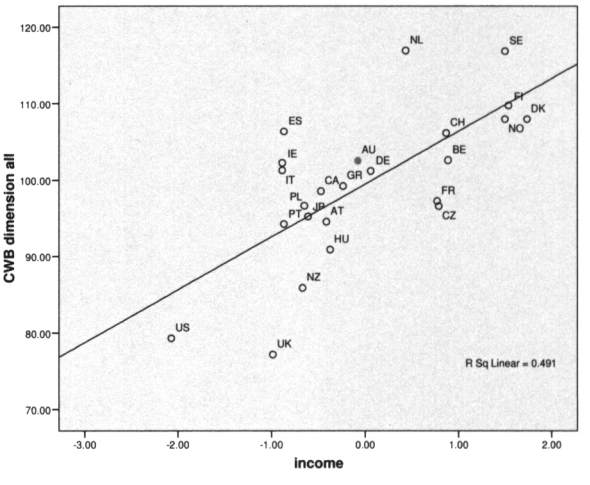

To continue to examine the negative findings – no association was found between educational attainment and child well-being in Figure 3. The European Union statistical agency (Eurostat) had been proposing to add educational attainment to their list of Primary and Secondary Indicators of Social Inclusion – so that they better represented child well-being. Education attainment may be an indicator of *well-becoming* but it is not a good representation of *well-being*. Perhaps to underwrite that point, it is notable that by some margin Finland is top of the league table on educational attainment – in fact educationalists from all over the world are treading a path to Finland hoping to learn lessons from their education system. However, Finland also has by far the lowest proportion of young people in the HBSC liking school a lot (only 8 per cent)!

**Figure 3: Child well-being overall (vertical axis) by educational attainment (OECD PISA data - horizontal axis)**




The more positive findings are now examined. Despite our own criticisms of the use of income poverty as an indicator of child well-being (Bradshaw & Richardson 2008), it can be seen in Figure 4 that there is an association between the relative child poverty rates and the overall child well-being in the OECD. However the child poverty rate only explains about half of the variation in child well-being.

**Figure 4: Child well-being (vertical axis) and child income poverty rate (z scores, OECD data, and horizontal axis)**




The relationships between domains and clusters scores and the overall well-being scores are explored in Table 2. The strongest association between overall well-being and the domains is with health, and all domains but one are significantly related (as one would expect given that the overall index is created from the domain scores). Only eight out of 18 components had a significant correlation coefficient with overall well-being – health at birth, experience of violence (fighting and bullying) and child income poverty are most closely related to overall well-being scores. It is quite surprising that so few components are associated with the overall index given that they contribute to it.

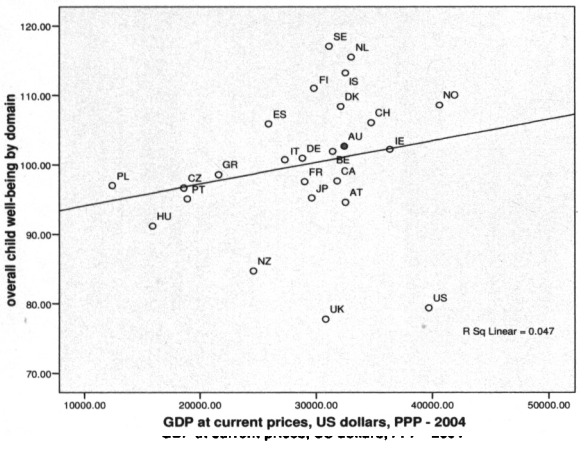
**Table 2: Correlation coefficients of domain and cluster scores with overall well-being**

| DOMAIN | | CLUSTER | |
|---|---|---|---|
| Health | 0.80** | Health at birth | 0.82** |
| Material | 0.69** | Experience of violence | 0.68** |
| Behaviour | 0.62** | Child income poverty | 0.66** |
| Subjective | 0.55* | Personal well-being | 0.55** |
| Education | 0.48* | Child mortality | 0.55** |
| Relationships | 0.35 | Deprivation | 0.45* |
| | | Peer relations | 0.44* |
| | | Educational participation | 0.43* |

So far the 'why' question has been explored by exploring the associations within the index. Some exploration of 'macro' characteristics of the countries will now follow.

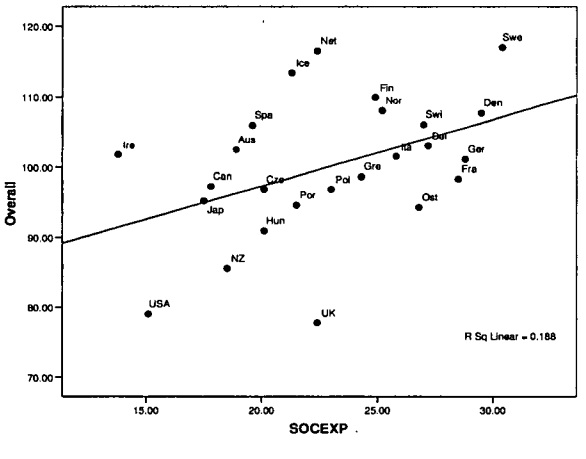
National wealth makes a difference. Within the OECD, the richer countries in Figure 5 generally have higher levels of child well-being and the relationship would be stronger if it was not for the UK and the USA which are outliers.

**Figure 5: Child well-being overall (vertical axis) by GDP per capita (horizontal axis)**



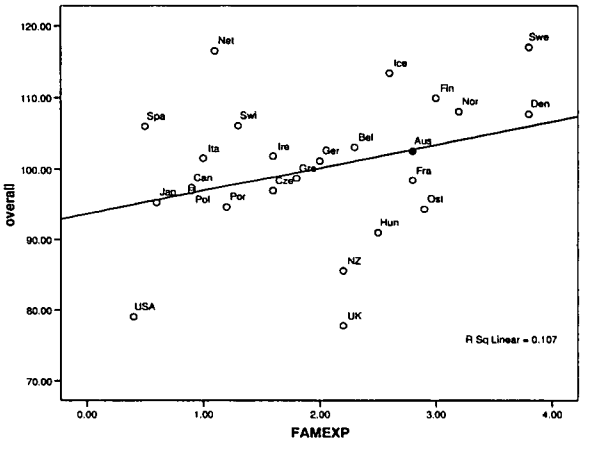

There is also clear evidence in Figure 6 that welfare state effort (represented by social expenditure as a proportion of GDP) matters. This is all social expenditure, not just that directed to families with children. Countries with bigger welfare states have higher child well-being. Although the UK welfare state is bigger than, say, Australia's, it is not getting the reward for its efforts in child well-being – possibly because other groups (such as the elderly) receive higher spending.

**Figure 6: Child well-being overall (vertical axis) by social expenditure as % GDP (OECD data horizontal axis)**




The direction of that effort matters. Figure 7 show the relationship between expenditure on family benefits and services and overall child well-being. Again the relationship would be stronger without the USA, UK and New Zealand. It is notable that the UK is achieving much lower well-being than its expenditure on families with children should deserve, and the Netherlands is achieving much higher levels than its expenditure on behalf of families with children.

**Figure 7: Child well-being overall (vertical axis) and per cent of GDP spent on family benefits, services and taxes (OECD data horizontal axis)**




Clearly this attempt to answer the 'why' question has only scraped the surface. There is a limit to the kind of explanatory analysis one can do by simple bivariate analysis and there are not enough cases to engage in anything more sophisticated. It is likely that a more nuanced explanation requires more detailed and disaggregated comparisons of particular country cases and the European Commission has begun to do that kind of work (European Commission Social Protection Committee 2008).

## SUBJECTIVE WELL-BEING

Land et al. (2007) have suggested that subjective well-being is the ultimate outcome indicator because it is based on subjective, individual level responses and not just 'objective' indicators that may or may not be all that closely related to the well-being assessments of individuals. They constructed an index using the objective data and then used the subjective domain to assess the 'external validity' of the index.

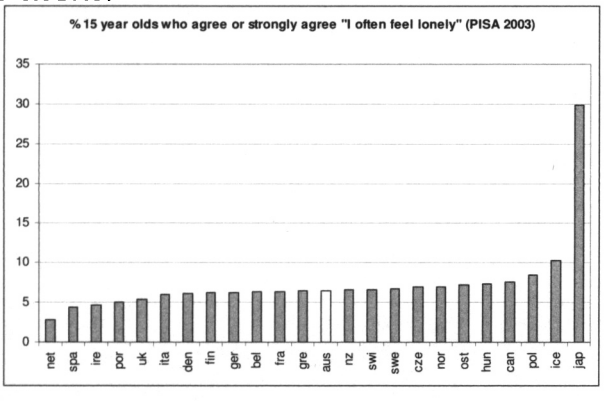
A number of subjective indicators were included in our index. Some were included in the relationship domain and others in the domain which was called subjective well-being. Three examples are given.

Figure 8 is derived from OECD PISA survey for 2003. PISA is a school-based survey of large samples of 15-year-olds

designed by the OECD and carried out every three years to monitor educational attainment[1]. The Figure shows the proportion of 15-years-olds in OECD countries (the USA did not ask the question) who say they *often feel lonely*. It can be seen that there is considerable variation between countries – with the Netherlands at the bottom of the distribution with only 2.9 per cent of 15-year-olds often feeling lonely; Australia is in the middle highlighted with 6.5 per cent and Iceland 10.3 per cent, and Japan at 29.8 per cent is an outlier at the top of the distribution.

It is obviously a source of anxiety that Japan is so different in the PISA results on the proportion of children feeling lonely. Surely, it may be asked, this must be the translation or understanding of the question – what does lonely mean in Japan, how is it understood? Maybe this is the explanation for the Japan result and, for similar reasons, the variation observed in other countries. But the author has been to Japan and presented these results and the Japanese are not surprised. Their 15-year-olds do lead a pretty tough life – they attend a highly competitive public school system. After a hard day at school, they typically go to another school paid for by their parents to be crammed for exams. Their parents work long hours, travel long distances to work and come home late. There are very large numbers of children without siblings (because of low fertility), and the urban, flat based environment .... Well it is not like, for example, what a child in Manly would experience – in Japan they do not tend to 'hang out' on the beach. In short, Japanese children may in reality be lonely.

**Figure 8: Proportion of 15 year olds who strongly agree 'I often feel lonely' (Own analysis of OECD PISA 2003)**




The Health Behaviour of School Children is a large, school-based sample of 11, 13 and 15-year-olds carried out every four years by an international team of (mainly) health psychologists in association with WHO. Figure 9 shows the proportion of children in 2001 who say that they find their friends kind and helpful. Again there is variation from a low of 43 per cent in the UK to a high of 81 per cent in Switzerland. As already stated, Australia is not in the HBSC, which is a great pity, and also the reason that stymies any attempt to bring comparative child well-being literature alive for Australian readers.

**Figure 9: Percentage of children saying that they find their friends kind and helpful (HBSC 2001)**

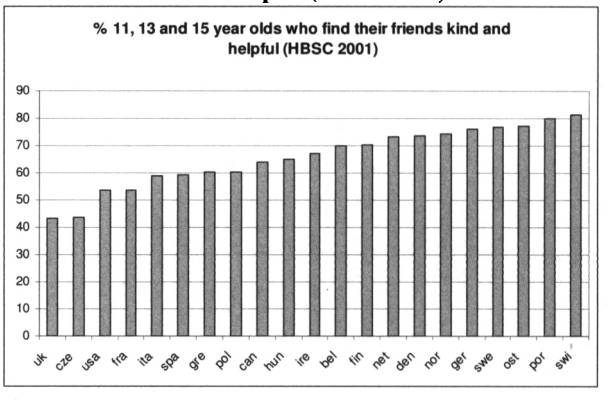
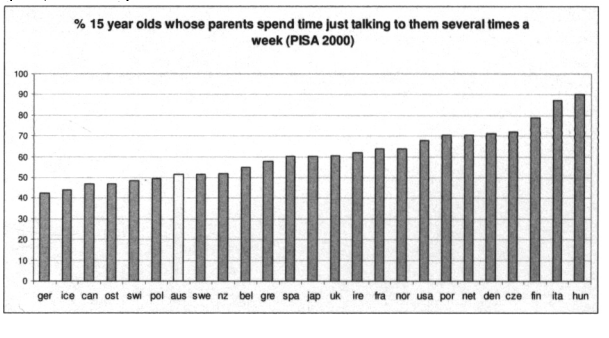



Figure 10 is based on PISA data and includes Australia. It shows the proportion of 15-year-olds whose parents spend time talking to them several times a week. There are again differences varying from 43 per cent in Germany and 44 per cent in Iceland to 87 per cent in Italy and 90 per cent in Hungary. Australia is highlighted in the bottom third of the distribution.

**Figure 10: Percentage of 15-year-olds whose parents spend time talking to them several times a week (PISA 2000)**



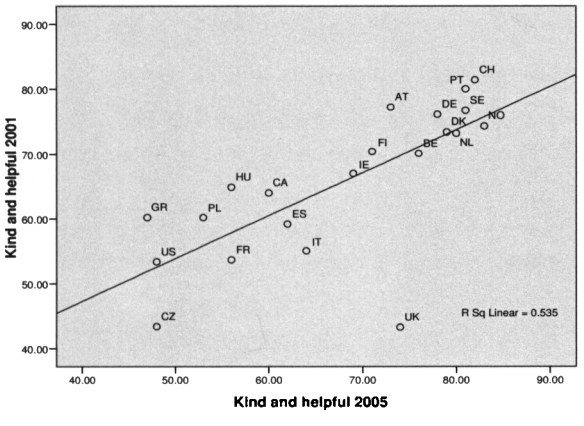

These results indicate that there are clearly variations in how children evaluate their well-being between countries. However, the rankings of countries on different subjective well-being measures are not very consistent at a point in time. The rank order correlation coefficient between parents spending time talking to you and finding friends kind and helpful is -0.28, and between feeling lonely and finding friends kind and helpful 0.04, and neither is statistically significant. Indeed none of the individual indicators which

[1] It is a great pity that OECD PISA dropped this and other questions that enable one to compare children on other dimensions than educational attainment from the more recent 2006 survey.

might be described as subjective are correlated with each other. This may, of course, be because the questions cover different dimensions of subjective well-being – subjective well-being, like overall well-being, is multidimensional.

It is quite reassuring that they do seem to be fairly consistent over time. In Figure 11, the proportion of young people finding their friends kind and helpful in HBSC 2001 and HBSC 2005 has been plotted and, with the interesting exception of the UK, the distribution is quite stable. (In fact most of the countries show an increase in the proportion finding their friends kind and helpful except Greece, USA, Poland, Hungary, Canada and Austria.)

**Figure 11: HBSC proportion of young people finding their friends kind and helpful in 2001 and in 2005 HBSC.**




It was found in Table 2 that subjective well-being is correlated with overall well-being but the relationship domain was not. It was also found that the personal well-being and relationship with friends component was related to overall well-being. So it was decided to create a new composite subjective well-being indicator consisting of the subjective well-being components and relations with family and friends. It included the following elements.

### Personal well-being

- Young people with scores above the middle of a life satisfaction scale 11, 13 and 15 years (%) – HBSC 2001/02
- Students who agree or strongly agree to 'I feel like an outsider (or left out of things)', 15 years (%) – PISA 2003
- Students who agree or strongly agree to 'I feel awkward and out of place', 15 years (%) – PISA 2003
- Students who agree or strongly agree to 'I feel lonely', 15 years (%) – PISA 2003

### Well-being at school

- Young people liking school a lot 11, 13 and 15 years (%) – HBSC 2001/02

### Self defined health

- Young people rating their health as fair or poor 11, 13 and 15 years (%) – HBSC 2001/02

### Quality of family relations

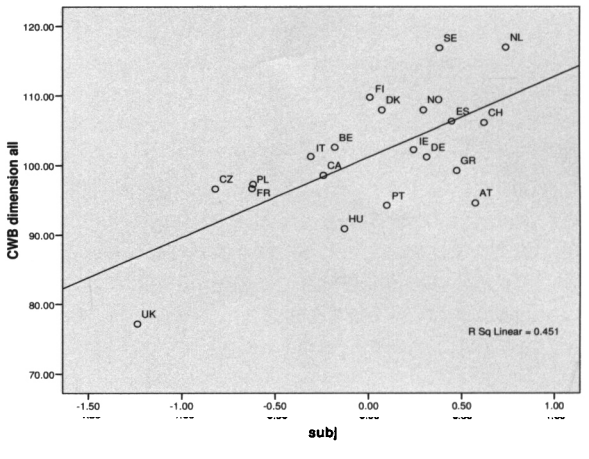
- Students whose parents eat the main meal with them around a table several times a week, 15 years (%) – PISA 2000
- Students whose parents spend time just talking to them several times a week, 15 years (%) – PISA 2000

### Peer relationships

- Young people finding their peers kind and helpful 11, 13 and 15 years (%) – HBSC 2001/02

This new subjective well-being variable correlated with overall well-being r=0.51 and Figure 12 gives the scatter plot of countries, with the UK an outlier. It was also found that this new measure of subjective well-being was not significantly correlated with any of the other dimensions – material, health, education or behaviour.

**Figure 12: Overall well-being (vertical axis) by new subjective well-being composite (horizontal axis)**




Given these results, should we be concerned about this variation in subjective well-being, especially when we fail to explain variation in subjective well-being between countries? And not even just between countries – even at national level it has been problematic to explain variation in subjective well-being. For example, in earlier work we have explored variations in happiness and self esteem scores of young people aged 11-15 in the British Household Panel Survey (Clarke, Bradshaw & Williams 2000) and a University of York doctoral student (Antonia Keung) has updated and extended that analysis with more recent data.

The findings were that the only factors that seemed to explain variations in happiness and self esteem were age, gender and relationships with parents. The last mentioned is not really independent – relationships with parents may be part of the unhappiness, rather than a cause of it. Young people have lower self esteem and happiness as they get older, and girls have lower happiness and self esteem than boys. We looked for a host of other explanatory factors including deprivation, life events – divorce, moving house, employment changes and so on, and none of them explained any of the variation. There are a number of possible explanations for these findings: children are robust; children are not affected by their material circumstances – relationships matter more; the outcome measures are not good; or subjective well-being is (mainly) a function of personality or genetics.

The impact of age and gender on subjective well-being is confirmed in the comparative studies. The latest HBSC report (Currie et al. 2008) shows that for most countries and most indicators, 15-year-olds do worse than 11-year-olds, and girls do worse than boys. But these comparative surveys control for age and gender, and if subjective well-being is only a function of genetic predisposition, what are the explanations for the international variations that were observed? Surely it is not really likely that British children are more *genetically* unhappy than, say, French children?

## CONCLUSION

The OECD is going to produce a report on child well-being in 2009 (including Australia) in which it has left out all indicators which do not have 'policy relevance'. Many of the subjective well-being indicators that were used for our UNICEF report from PISA and HBSC have been expunged. This seems a pity. It may not be obvious what the policy response should be to, for example, a finding that children in Australia say that their parents talk to them much less than children in Hungary do. Of course it is important to find out whether this makes any difference to 15-year-olds' lives in Australia – maybe young people talk to each other more in Australia and this compensates. However, these differences should not be dismissed as merely the result of 'national character', culture, the language (of the question), or something beyond the power of public policy.

Surely most parents would be concerned if their child said they felt lonely, did not find their friends kind and helpful and reported that their parents did not talk to them? Policy makers and their advisors might argue that these are *subjective* indicators of well-being and more important are 'hard' or 'objective' indicators like the infant mortality rate, educational attainment or the child accidental death rate. Sometimes there is a belief that if children express a view, it is not as valid in the hierarchy of facts. This belief – that subjective indicators of well-being are any less valid than objective indicators – should, in the view of the author, be challenged. The UN Convention on the Rights of the Child (article 3) states that:

> the primary consideration in all actions concerning children must be in their best interest *and their views must be taken into account.*

One way to meet that obligation is to ask what children think and feel. Further, these are not qualitative data. These proportions are based on very large national school-based surveys, undertaken by international bodies with a lot of experience in undertaking comparative and comparable studies.

Despite the rather thin evidence about what drives these large international variations in child well-being, especially subjective well-being, these results should be taken seriously. They should be leading us to ask questions about:

- the status of children in our societies
- how the public discourse on children operates
- how children are treated in schools and other public environments and what can be done to improve that treatment.
- how adequately we support parents – by cash transfers, childcare, parental leave, the regulation of working hours and the provision of services, and
- how we could do more to support children – in social and emotional education, anti-bullying strategies, mentoring and befriending schemes, and rights respecting schools and in other ways that might affect their (subjective) well-being. ■

## REFERENCES


Ben-Arieh, A., Hevener-Kaufman, N., Bowers-Andrews, A., Gearoge, R.M., Joo-Lee, B. & Aber, J.L. (2001) *Measuring and Monitoring Children's Well-being*, Social Indicators Research Series, Dordrecht: Kluwer.

Bradshaw, J. & Mayhew, E. (eds) (2005) *The Well-being of Children in the United Kingdom*, London: Save the Children.

Bradshaw, J., Hoelscher, P. & Richardson, D. (2007a) 'An index of child well-being in the European Union 25', *Journal of Social Indicators Research*, 80, 133-177. http://springerlink.metapress.com/content/f3642p2x00hn5h01/fulltext.pdf

Bradshaw, J., Hoelscher, P. & Richardson, D. (2007b) *Comparing Child Well-being in OECD Countries: Concepts and Methods*, IWP 2006-03. Florence:UNICEF. http://www.unicef-icdc.org/publications/pdf/iwp2006_03_eng.pdf

Bradshaw, J. & Richardson, D. (2008) 'Does child income poverty measure child well-being internationally?' Social Policy and Society, 7, 4, October, 521-536.

Bradshaw, J. & Finch, N. (2003) 'Overlaps in dimensions of poverty', *Journal of Social Policy*, 32, 4, 513-525.

Clarke, L., Bradshaw, J. & Williams, J. (2000) 'Family diversity and poverty and the mental wellbeing of young people', pp 39-58, in H.

Ryan and J. Bull (eds), *Changing Families, Changing Communities: Researching Health and Wellbeing Among Children and Young People*, proceedings of a joint conference held by the HEA Research Directorate and Young People's Health Network, 15 March 1999, Health Development Agency: London.

Currie, C., Gabhainn, S., Godeau, E., Roberts, C., Smith, R., Currie, D., Picket, W., Richter, M., Morgan., A. & Barnekow, V. (2008) *Inequalities in young people's health: Health Behaviour in School-aged Children (HBSC) International Report from the 2005/2006 Survey*, Health Policy for Children and Adolescents, No. 5, Copenhagen: World Health Organization, Regional Office for Europe. http://www.euro.who.int/eprise/main/WHO/InformationSources/Publications/Catalogue/20080617_1.

European Commission Social Protection Committee (2008) *Child poverty and well-being in the EU: Current status and way forward.*

Heikkila, M., Moisio, P., Ritakallio, V-M., Bradshaw, J., Kuivalainen, S., Hellsten, K. & Kajoja, J. (2006) *Poverty policies, structures and outcomes in the EU 25: Report to the Fifth European Round Table on Poverty and Social Exclusion*, Helsinki: Stakes. http://www.stm.fi/Resource.phx/eng/subjt/inter/eu20006/round/round1.htx.i1153.pdf

Land, K.C., Lamb, V.L., Meadows, S.O. & Taylor, A. (2007) 'Measuring trends in child well-being: An evidence-based approach', *Social Indicators Research*, 80, 105-132, (January).

Richardson, D., Hoelscher, P. & Bradshaw, J. (2008) 'Child well-being in the Central and Eastern European and Confederation of Independent States', *Journal of Child Indicators Research* (online June 2008).

UNICEF (2001) *A league table of teenage births in rich nations*, UNICEF Innocenti Report Card 3: Florence.

# INVITED COMMENTARY by Alan Hayes

## on 'Child well-being in comparative perspective' by Jonathan Bradshaw

Professor Bradshaw is to be congratulated on an excellent, thought-provoking paper.

While well-being has had a long history in social policy, Jonathan Bradshaw challenges us to consider the limitations of objective measures and focus more sharply on the subjective dimensions of well-being, as reflected in the voices of children and young people. He highlights the value of large-scale comparative datasets that illustrate the disjunction between poverty, however measured, and the perceptions that children have of their current circumstances and prospects. As such, he provides a thought-provoking set of speculations about why the child well-being data vary so dramatically across countries.

While admitting the limitations of current data, Professor Bradshaw provides a compelling case for extending, rather than curtailing, the focus on subjective child well-being in these large-scale national datasets. As such, he makes a clear case for why it is so important to listen to the voices of children and young people and to value and respect their insights into their situations and circumstances.

This resonates with the focus of the NSW Commission for Children and Young People, for example, to giving children their voice, hearing their views and respecting their insights.

At the heart of the paper is the positioning of the US and the UK at the bottom of the rank ordering of nations on measures of child well-being. After cogently dismissing some of the likely explanations – measurement error, parenting practices, culture, relationship breakdown rates and family form – he considers the influence of other factors such as educational attainment or child income poverty. The latter, for example, explains half the variation in well-being, which is substantial. The relationship of child well-being to teenage fertility rates also differentiates countries, which is likely to be correlated with measures of social status, including family disadvantage. Along with the teenage fertility rate data, measures of perceived health, experience of violence and income poverty correlate with the overall construct of well-being, suggesting that social address does make a difference.

But why the stark differences across countries?

National expenditure on families is related to child well-being statistics. This is particularly interesting and I agree that this might be even stronger if one excludes the USA and UK. The cross-national data (see Figure 1) provide heartening news for Australia as we have had a long-term trend to increase our support for families and continue to make investment in families a policy priority (Gray, Qu & Weston 2008).

Beyond its heuristic value, the paper also stimulates critical reflection on what we need to collect and how. Given the differences that relate to age, gender and within family relationships, the gold standard for measuring subjective well-being should be large scale longitudinal research that tracks the trends for individuals and subgroups, in a form that is comparable across countries.